

**NICHOLS FIRE DEPARTMENT**

**100 SHELTON ROAD TRUMBULL CT**

**APPLICATION FOR JUNIOR OR SENIOR PROBATIONARY MEMBERSHIP**

**TO ALL APPLICANTS**

Be sure to read the attached announcement regarding qualifications for temporary appointment.

**INSTRUCTIONS**

Type or print in ink, answers to **ALL** questions.

All information will be retained on a confidential basis.

All statements are subject to verification. Incorrect statements may bar or remove you from membership.

Be **complete** and **accurate**.

The following information **MUST** accompany this application:

1. Copy of Birth Certificate.
2. Copy of Discharge from the military (if applicable).
3. Authorization for Release of Information, signed and notarized.
4. Copy of Driver's License.

This questionnaire, together with all applicable information **MUST** be returned to the Nichols Fire Department (Chief of Department), 100 Shelton Road, Trumbull, Conn. 06611.

You will be notified via e-mail or phone of your eligibility for membership.

Junior Membership \_\_\_\_\_ Senior Membership \_\_\_\_\_ (Check One)

1. Name: \_\_\_\_\_  
Last First Middle Initial

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

4. Place of Birth: \_\_\_\_\_

5. Telephone Number: Home \_\_\_\_\_ Business \_\_\_\_\_ Other \_\_\_\_\_

6. RESIDENCES

List the last three places of residence, STARTING with your present or most recent address first:

From(mm/yy) To(mm/yy) Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. MILITARY SERVICE

Have you ever served in a military organization of the United States?

Yes No (Circle One)

If applicable: Branch: \_\_\_\_\_ Service Number: \_\_\_\_\_

Highest rank held: \_\_\_\_\_

Periods of active service:

From(mm/yy) To(mm/yy) Type of Discharge

Are you presently on Active Reserve status? Yes No (Circle One)

Have you ever had any disciplinary action taken against you in the military?

Yes No (Circle One)

If Yes, explain below:

8. EMPLOYMENT HISTORY

List the last three jobs you have held. Put your Present or most recent job First.

From(mm/yy) To(mm/yy) Job Description Name & Address of Employer Reason for leaving

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. EDUCATION

High School:

Name \_\_\_\_\_ Address \_\_\_\_\_

Years Completed 9 10 11 12 (Circle One)

Graduated Yes \*No (Circle One) Date

\*If No, date high school equivalency diploma was attained?

Date:

Do you plan to, or have you attended college?

College or University:

Name \_\_\_\_\_ Address \_\_\_\_\_

Dates Attended:

From(mm/yy) \_\_\_\_\_ To(mm/yy) \_\_\_\_\_

Graduated Yes No (Circle One) Date

Highest degree awarded:

Major course of Study:

Other Schools, Course or Training, Degrees or Licenses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. CRIMINAL HISTORY

Have you ever been arrested by the police (excluding traffic violations)?

Yes No (Circle One)

If Yes, Please list below:

Offense                      Date                      Disposition

11. TRAFFIC VIOLATIONS

Have you ever been involved in a traffic accident as a vehicle driver?

Yes No (Circle One)

If Yes, Please list below:

Date                      Location                      Charge(if applicable)

Have you ever received a traffic summons? Yes No (Circle One)

If Yes, Please list below:

Date                      Location                      Charge-Disposition

12. ORGANIZATIONS

Have you ever been a member of a public safety organization as a career member, volunteer or auxiliary?

Yes    No    (Circle One)

If Yes, Please list below:

13. REFERENCES

Fill in the names of three (3) persons not related to you, who have known you for a substantial period, preferably more than five years. All persons to whom you refer will be asked to appraise your character, ability, personality, and other qualities. References must be at least twenty-one (21) years of age.

<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Home Phone#</u>	<u>Work Phone#</u>	<u>Years Known</u>

14. Have you previously filed an application for the Nichols Fire Department?

Yes    No    (Circle One)

If Yes, approximate date:

Have you previously filed an application for any State or other municipal police or fire department?

Yes    No    (Circle One)

If Yes, are you currently on an eligibility list?

Yes    No    (Circle One)

If Yes, Please list with whom:

15. Briefly, tell us why do you want to become a firefighter?

I hereby certify that all statements in this questionnaire are true and complete, and understand that any misstatement of material facts will subject me to disqualification or dismissal, or bar me from further participation in the membership examination process.

\_\_\_\_\_  
(Signature in full)

Date: \_\_\_\_\_

AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby authorize the Nichols Fire Department (Personnel Officer and Chief Officers) to conduct a background investigation relating to my membership and appointment to the Nichols Fire Department.

Specifically, I hereby authorize the release of any and all of the following data or records to the Nichols Fire Department.

Employment Information.

Educational Information.

Military History Information.

Police or Criminal Records.

Department of Motor Vehicles Driver's Record

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (Printed) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Witness: \_\_\_\_\_

Notary Public